

PHYSICAL PROFILE

For use of this form, see AR 40-501; the proponent agency is the Office of the Surgeon General.

1. MEDICAL CONDITION: (Description in lay terminology) <input type="checkbox"/> INJURY? Or <input type="checkbox"/> ILLNESS/DISEASE?		2. CODES (Table 7-2 AR 40-501)		3. Temporary Permanent		P	U	L	H	E	S
4. PROFILE TYPE										YES	NO
a. TEMPORARY PROFILE (Expiration date YYYYMMDD) _____ (Limited to 3 months duration)											
b. PERMANENT PROFILE (Reviewed and validated as a minimum with every periodic physical exam or after 5 years from the date of issue)											
c. IF A PERMANENT PROFILE WITH A 3 OR 4 PULHES, DOES THE SOLDIER MEET RETENTION STANDARDS IAW CHAPTER 3 AR 40-501? (IF USAR/ARNG/ARNGUS SOLDIER NOT ON ACTIVE DUTY SEE PARA. 9-10 & 10-26, AR 40-501 IF SOLDIER DOES NOT MEET RETENTION STANDARDS.)										Needs MMRB	Needs MEB/PEB
5. FUNCTIONAL ACTIVITIES FOR PERMANENT AND TEMPORARY PROFILES (If any answer (a-f) is NO then the profile should be at least a 3)											
a. ABLE TO CARRY AND FIRE INDIVIDUAL ASSIGNED WEAPON											
b. ABLE TO MOVE WITH A FIGHTING LOAD AT LEAST 2 MILES (48 LBS. Includes helmet, boots, uniform, LBE, weapon, protective mask, pack, etc.)											
c. ABLE TO WEAR PROTECTIVE MASK AND ALL CHEMICAL DEFENSE EQUIPMENT											
d. ABLE TO CONSTRUCT AN INDIVIDUAL FIGHTING POSITION (Dig, fill, & lift sand bags, etc.)											
e. ABLE TO DO 3-5 SECOND RUSHES UNDER DIRECT AND INDIRECT FIRE											
f. IS SOLDIER HEALTHY WITHOUT ANY MEDICAL CONDITION THAT PREVENTS DEPLOYMENT?											
6. APFT		YES	NO	ALTERNATE APFT (Fill out if unable to do APFT run otherwise N/A)				YES	NO		
2 MILE RUN				APFT WALK				N/A			
APFT SIT-UPS				APFT SWIM				N/A			
APFT PUSH UPS				APFT BIKE				N/A			
7. STANDARD <u>OR</u> MODIFIED AEROBIC CONDITIONING ACTIVITIES (Check all applicable boxes)											
UNLIMITED RUNNING				OR RUN AT OWN PACE & DISTANCE							
UNLIMITED WALKING				OR WALK AT OWN PACE & DISTANCE							
UNLIMITED BIKING				OR BIKE AT OWN PACE & DISTANCE							
UNLIMITED SWIMMING				OR SWIM AT OWN PACE & DISTANCE							
8. UPPER BODY WEIGHT TRAINING (See FM 21-20)				9. LOWER BODY WEIGHT TRAINING (See FM 21-20)							
10. OTHER: e.g. Functional limitations and capabilities and other comments: (May continue on page 2)						11. THESE PARAMETERS ARE OPTIONAL, USE AS NEEDED					
						Lifting or carrying max weight _____ or _____ distance					
						Running maximum distance _____					
						Prolonged standing - maximum time per episode _____					
						Marching with standard field gear except rucksack max distance _____					
<input type="checkbox"/> This temporary profile is an extension of a temporary profile first issued on _____						Impact activities such as jumping max # reps in one day _____					
12. TYPE NAME & GRADE OF PROFILING OFFICER						13. SIGNATURE			14. DATE (YYYYMMDD)		
15. ACTION BY APPROVING AUTHORITY						APPROVED			NOT APPROVED		
16. TYPE NAME & GRADE OF SENIOR PROFILING OFFICER OR APPROVING AUTHORITY						17. SIGNATURE			18. DATE (YYYYMMDD)		
19. ACTION BY UNIT COMMANDER (See para 7-12, AR 40-501)						YES			NO		
THIS PROFILE REQUIRES A CHANGE IN THIS SOLDIER'S MOS or DUTY ASSIGNMENT											
20. COMMENT											
If this is a permanent profile with a PULHES serial of 3 or 4 refer to block 4c											
21. TYPE NAME & GRADE OF UNIT COMMANDER						22. SIGNATURE			23. DATE (YYYYMMDD)		
24. PATIENT'S IDENTIFICATION (For typed or written entries give: Name (Last, first); grade; SSN; hospital or medical facility)						25. UNIT					
						26. ISSUING CLINIC, PROVIDER E-MAIL & PHONE NUMBER					
						PROFILING OFFICER (Or Approving Authority if applicable) IS RESPONSIBLE FOR ENSURING THE PULHES & DATE OF PROFILE IS ENTERED INTO MEDPROS. ORIGINAL COPY POSTED IN MEDICAL RECORDS, 1 COPY TO UNIT COMMANDER, 1 COPY GIVEN TO SOLDIER, 1 COPY TO MILPO.					

PHYSICAL PROFILE - PAGE 2 (OPTIONAL)

PATIENT'S NAME

DATE (YYYYMMDD)

CONTINUATION (From page 1, Item 10)